PATIENT PAY FEES
Direct Billings for Uninsured Patients

Effective February 1, 2024

ULTRASOUND

	Reg. Price	Bilat. Price
ABDOMINAL / PELVIC		
COMPLETE ABDOMINAL	$ 168.00	
LIMITED ABDOMINAL (KIDNEYS / AORTA / SPLEEN / LIVER / GALLBLADDER / PANCREAS / HERNIA)	$ 110.50	
COMPLETE ABDOMINAL AND LIMITED PELVIC	$ 278.50	
LIMITED ABDOMINAL AND LIMITED PELVIC	$ 221.00	
COMPLETE PELVIC	$ 168.00	
LIMITED PELVIC / BLADDER	$ 110.50	
COMPLETE PELVIC AND LIMITED ABDOMINAL	$ 278.50	
TRANSVAGINAL	$ 168.00	
COMPLETE PELVIC AND TRANSVAGINAL	$ 336.00	
VASCULAR / EXTREMITY		
CARTOID ARTERY DUPLEX DOPPLER	$ 178.00	
THYROID / NECK	$ 158.00	
THYROID / NECK WITH DOPPLER	$ 239.00	
VENOUS REFLUX STUDY	$ 100.00	
VENOUS LEG DOPPLER DVT	$ 100.00	
SHOULDER / EXTREMITY / SKIN MASS	$ 90.00	$ 180.00
SHOULDER / EXTREMITY / SKIN MASS WITH DOPPLER	$ 171.00	$ 261.00
SCROTAL / TESTICULAR	$ 159.00	
SCROTAL / TESTICULAR WITH DOPPLER	$ 259.00	
ECHOCARDIOGRAM	$ 463.00	
OBSTETRICAL		
COMPLETE OBSTETRICAL - ROUTINE ANATOMY (ONE PER PREGNANCY)	$ 183.00	
COMPLETE OBSTETRICAL - HIGH RISK	$ 180.00	
MULTI-GESTATATION (ADD PER FETUS)	$ 141.50	
LIMITED OBSTETRICAL (DATING / RECHECK)	$ 110.50	
LIMITED OBSTETRICAL MULTI-GESTATATION	$ 180.00	
MULTI-GESTATATION (ADD PER FETUS)	$ 141.50	
TRANSVAGINAL	$ 168.00	
ENHANCED FIRST TRIMESTER SCREENING (EFTS)	$ 133.00	
EFTS MULTI-GESTATATION (ADD PER FETUS)	$ 110.50	
FETAL DOPPLER (ADD TO COMPLETE OBSTETRICAL - HIGH RISK AND LIMITED OBSTETRICAL)	$ 137.00	
BIOPHYSICAL PROFILE	$ 110.50	
CERVICAL LENGTH (LIMITED OBSTETRICAL AND TRANSVAGINAL)	$ 278.50	
FETAL ECHOCARDIOGRAM	$ 463.00	
PRENATAL ASSESSMENTS		
MINOR PRENATAL ASSESSMENT	$ 82.00	
HIGH RISK PRENATAL ASSESSMENT	$ 160.00	